

ceo-yakima

Underground Storage Tank



AUG 14 2007

Check those activities which apply: ☒ Tightness Testing Checklist

☐ Retrofit/Repair checklist

☐ Cathodic Protection Checklist

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The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number:

(UBI # from Master Business License)

Site ID Number: 0

(Available from Ecology if tank is registered)

Site/Business Name: Smitty's #140

Site Address: 102 e toppenish

0

Street

County

Toppenish

Washington

98948

City State

Zip+4 (required)

Telephone: 509-865-5909

UST Owner/Operator: RH Smith Dist

Mailing Address: PO Box 6

Street

P.O. Box

Grandview

WA

98930

City State

Zip+4 (required)

Telephone: 800 832 4507

2. FIRM PERFORMING WORK

Service Company: Northwest Tank & Environmental Services, Inc.

Service Co. Address: 17407 59th Ave SE

Snohomish

Street

County

Snohomish Washington

98926

City State

Zip+4 (required)

Certified Supervisor: Kevin Pike

Address: 17407 59th Ave SE

Street

P.O. Box

Snohomish Washington

98926

City State

Zip+4 (required)

IFCI Certification Number: 5298294-U3

Certification issue Date (Month/Year): 11/22/2006

Telephone: (425) 742-9622

Ecology is an equal opportunity and affirmative action employer

For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Underground Storage Tank Tightness Testing Checklist

Site ID #	0
Site Address	102 e toppenish
City	Toppenish

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 4/25/2007

1 Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version/Manufacturer: Accurite Training and Services Corp.

LDT-890

USTEST 2001P 2000U Sound Services

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): Site Survey

3. Method used for release detection:

Daily Inventory Control

4. Reason for conducting tightness test:

Required release detection method

5. Type of test conducted:






Total System Test (Tanks line & leak detectors)

6. Test method type:

Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

	Yes/No/NA	Initials
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no	Yes	
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and	Yes	
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	Yes	
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	Yes	
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology	N/A	

* Item not applicable

Site ID #	0
Site Address	102 e toppenish
City	Toppenish

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

1. Tank ID# (tank name registered with Ecology)						
2. Date installed						
3. Tank capacity in gallons	8000	6000	6000			
4. Last substance stored	Regular	Midgrade	Regular			
5. Number of tank compartments			1			
6. Tank type: (S) single wall; (D) double wall; (P) partitioned			s			
7. Is overfill device present? (Yes/No)			ball float			
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)			50			
9. The test method used can detect a leak of how many GPH?			.05			
10. The numerical tank test results are? (In gallons per hour)			0.008			
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are?	Not Tested	Not Tested	PASS			

IV. Line Information

	Regular					
1. Piping type: (S) single wall; (D) double wall	Single					
2. Pump type: (T) turbine; (S) suction	Pressure					
3. (a) If turbine, is leak detector present (Yes/No)	Yes					
(1) If present, was lead seal intact? (Yes/No N/A)	No					
(2) Line leak detector results? (Pass/Fail)	Pass					
(b) If suction, check valve located at? (T) tank (P) pump	N/A					
4. The numerical line test results are? (gallons per hour)	0					
5. Line tightness test results? (Pass/Fail)	PASS					

* Inconclusive test results for tanks or piping will not be considered as valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

4/25/2007  Kevin Pike
 Date Signature of Certified Supervisor Printed Name

 Date Signature of Tank Owner/Authorized Representative Printed Name